

The Commonwealth of Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth

Commissioner Application

INSTRUCTIONS:

To be considered for membership on the Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth ("Commission"), please complete this form entirely and return by the deadline.

After filling out the electronic document, SAVE it, and send as an attachment to the email below.

PROCESS:

1. Applications will be accepted **August 15 – November 1, 2011**. Incomplete forms will not be processed. Complete forms should have SIX (6) sections (Contact Information, Types of Membership/Demographics, Background Information, Expectations, Interests and Skills, and Experience).
2. If we have questions about your application or need more information, we will contact you after **November 1st**.
3. Between **November 1st and December 1st**, candidates under consideration will receive a call from a current Commission member to discuss their application.
4. Notification of appointment will be made in **December**.
5. New Commissioners will begin their terms in **January of 2012**.

Please Note: By law, the information on this application, excluding your personal contact information, will be a public record.

Please email your completed application to:

MA Commission on GLBT Youth c/o Massachusetts Department of Public Health 250 Washington St., 3rd Floor Boston, MA 02108 Fax: 617-624-5185 E-mail

Justin.T.Burke@state.ma.us

For more information call: Justin Burke at (617) 624-5495. Thank you.

SECTION 1: CONTACT INFORMATION

Please only list information if it is okay for us to contact you at that location.

Name	<input type="text"/>		
Address	<input type="text"/>		
Daytime phone	<input type="text"/>	Alternative phone	<input type="text"/>
Email	<input type="text"/>		

SECTION 2: TYPES OF MEMBERSHIP/DEMOGRAPHICS

TYPES OF MEMBERSHIP

There are two ways to be appointed to the Commission. 1) By one of the following organizations or 2) as Regional Commissioners.

Appointing organizations:

- Massachusetts Chapter of the National Association of Social Workers (NASW): 3 persons;
- Massachusetts Coalition for Suicide Prevention (MCSP): 3 persons;
- Fenway Community Health: 2 persons;
- Greater Boston Parents, Families and Friends of Lesbians and Gays (GBPFLAG): 4 persons;
- Massachusetts Gay and Lesbian Political Caucus (MGLPC): 2 persons;
- MassEquality: 1 person;
- Massachusetts Teachers Association (MTA): 1 person;
- American Federation of Teachers (AFT) Massachusetts: 1 person;
- Massachusetts Chapter of the American Academy of Pediatrics (AAP): 3 persons;
- Gay, Lesbian and Straight Education Network (GLSEN) of Boston: 2 persons;
- Massachusetts Public Health Association (MPHA): 2 persons;
- Massachusetts Association of School Superintendents (M.A.S.S.): 3 persons.

1. Are you applying under the auspices of one of the above appointing organizations?

☐ Yes ☐ No

If so, please indicate which one:

If you are not applying under the auspices of an appointing organization, your application will be processed for appointment as a Regional Commissioner.

2. The Commission, by law, contains both students and non-students. Are you currently a student?

☐ Yes ☐ No

If so, where and what level:

DEMOGRAPHICS

The Commission is drawn from persons of diverse racial, ethnic, religious, age, sexual orientation, and socio-economic backgrounds throughout the Commonwealth.

3. A diverse representation on the Commission is integral in order to recommend policies that meet the needs of all GLBT youth. Voluntary information about how your appointment would contribute to these goals is welcomed and encouraged. Please specify below:

SECTION 3: BACKGROUND INFORMATION

1. Have you ever been employed by the federal, state, or local government? If yes, please list positions, periods of employment and dates.

2. Have you ever been elected or appointed to public office (including other Boards and/or Commissions) in Massachusetts? If yes, please list and include dates:

3. Have you been or are you now a registered lobbyist? If yes, please list the principals you represent(ed) and dates:

4. Please list current or past association, community, school, professional, or other memberships or affiliations:

Members shall be considered special state employees for purposes of chapter 268A of the General Laws, which can be read here: <http://www.mass.gov/legis/laws/mgl/gl-268a-toc.htm>.

5. Please list any conflicts of interest you may have below.

SECTION 4: EXPECTATIONS

While there are varying levels of participation in the Commission's work, all members are expected to attend full Commission meetings, approximately four (4) per year. Members who are absent, without being excused prior to full Commission meetings, from three (3) consecutive meetings, or those who have more than five (5) total absences, excused or unexcused, during a two-year term, shall forfeit their position and create a vacancy on the Commission.

Each Commission member will participate on at least one of the Commission committees or task forces as a condition of appointment. Current committees include: Oversight, Advancement, Racial, Ethnic and Gender Disparities, and Public-Private Partnership.

Communication between meetings is conducted electronically through an electronic newsletter, a web-based listserv, and conference calls. Documents are often shared and reviewed electronically. Some committees require a significant amount of policy analysis, document editing and reading. Some of this reading can be relatively technical.

Reasonable accommodation shall be extended to any member who so requires because of an illness, disability, or other circumstances.

1. Will you be able to attend meetings of the full Commission held four times during the year, usually in Boston?

2. Will you be able to serve on one or more committees or task forces of the Commission, meeting approximately once a month? Is there a particular committee that interests you or for which you believe your skills/talents/experiences will be a particular asset. Please describe.

3. Will you be able to attend or participate in other related events or activities that may occur outside of regularly scheduled meetings, for example, trainings or public hearings? These may occur during the day or in parts of the state other than Boston.

4. Are you comfortable working in digital environments? Much Commission activity occurs online. Are you willing to learn or are you familiar with: email, editing and sharing documents online, and word processing, specifically Microsoft Word and the track changes feature?

5. Can you participate in conference calls? This may occasionally require placing a long distance call.

SECTION 5: INTERESTS AND SKILLS

The Commission has five goals:

1. Advocate on key strategic issues to improve the lives of GLBT Youth, prioritizing those at disproportionate risk - youth of color and transgender youth.
2. Strategically build strong relationships with key government stakeholders.
3. Create a Road Map for GLBT Youth Health through actionable annual recommendations and evaluative annual reports.
4. Conduct assessment activities to better understand the health outcomes and needs of GLBT youth.
5. Build a strong, sustainable Commission infrastructure and visibility for the Commission.

This work requires teamwork, collaboration, hard work and individuals with many different types of skills --policy analysis, public health training, advocacy work, public relations, leadership, and public speaking.

Please respond to the following questions, limiting each response to under 700 characters.

1. Why are you interested in being appointed to the Commission?

2. How would your appointment to the Commission contribute to the achievement the goals above? Please pick one or two of the Commission goals and be specific with your answer.

3. The Commission has adopted a public health model to advocate for programs and services to address the current health needs of the GLBT youth population. Of particular concern are the health disparities between GLBT youth of color and their white peers, and transgender youth and their gender conforming peers. Describe your understanding of how institutionalized oppressions (racism, homophobia, transphobia, classism, etc.) contribute to these disparities. Also, what role will you play in highlighting this oppression of youth who confront multiple forms of discrimination due to their race, sexuality and gender identity?

4. The Commission is mandated every year to make key policy recommendations to state agencies that provide services to GLBT youth. Please pick 1 of the following 3 policy/populations items and give us your thoughtful response. (A) Discuss how unstable housing and chronic homelessness can impact GLBT youth populations in the Commonwealth? (B) Transgender youth must contend with multiple forms of discrimination and remain critically underserved. What policy recommendations would you make to better serve transgender youth in the state? (C) Gay-straight alliances have long been the key intervention for safe schools work with GLBT and allied youth. What do you see as the successes and persistent challenges with this model in schools?

SECTION 6: EXPERIENCE

Please answer the questions below. If available, please attach a current resume when you submit this form.

1. EDUCATIONAL BACKGROUND (Please list schools attended and degrees obtained)

2. WORK EXPERIENCE: (Please list job titles, employers, and job responsibilities. For students, internships, work-study, and other training positions are acceptable

3. VOLUNTEER AND/OR COMMUNITY EXPERIENCE: (Please list organizations and/or groups that you have worked with and describe the nature of your work)

4. ADDITIONAL RELEVANT EXPERIENCE: (Please list, if any)

5. Indicate how your course of study, work, volunteer and/or community experience listed above has prepared you to contribute to the Commission.

6. Is there anything else you would like us to know about you, your background, or your experience?

7. REFERENCES: Please list three (3) persons unrelated to you who would support your appointment to the MA Commission on GLBT Youth. Please provide their contact information: name, address, phone number and e-mail address if available.

Name
Address
Daytime phone
Email

Name
Address
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Email

Name
Address
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Email

Thank you for your interest in serving on the Massachusetts Commission on Gay,
Lesbian, Bisexual and Transgender Youth.

Please return this application by the deadline of **November 1, 2011** to
Justin.T.Burke@state.ma.us. If you have questions or require assistance in filling out the
application, please feel free to contact our office.